

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-375)

097889731

FILED DATE

APPLICANT'S

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		AFTER 3rd AMENDMENT		AFTER 4th AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1									
2	1								
3	2								
4	1								
5	1								
6	1								
7	1								
8	1								
9	1								
10	1								
11	1								
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42	1								
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44	1								
45	1								
46	1								
47	1								
48	1								
49	1								
50	1								
TOTAL IND.									
TOTAL DEP.									
TOTAL CLAIMS									

  

AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		AFTER 3rd AMENDMENT		AFTER 4th AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1						
52	1						
53	1						
54	1						
55	1						
56	1						
57	1						
58	1						
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94							
95							
96							
97							
98							
99							
100							
TOTAL IND.	2						
TOTAL DEP.	212						
TOTAL CLAIMS	214						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS